

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT#  
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

MR. MAXIMINIO

LAST

MUNOZ

SUFFIX

D

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

CITY CLERK DEPT.  
05 APR - 8 AM 11:09

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1413 WYOMING AVE.

EL PASO, TX 79902

☐ Change of Address

5 CANDIDATE /  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915)

533-6666

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

MR.

EDUARDO

LAST

PARRA

SUFFIX

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5608 SAPINAS RD. EL PASO TX 79932

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915)

584-7624

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign treasurer appointment (officeholder only)

☐

July 15

☐

8th day before election

☒

Exceeded \$500 limit

☐

Final report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

THROUGH

Month

Day

Year

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 07 / 05

ELECTION TYPE

☐ Primary

☐ Runoff

☐ General

☐ Special

12 OFFICE

OFFICE HELD (If any)

Municipal Court Judge

13 OFFICE SOUGHT (If known)

Municipal Court Judge

14 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*

Name

Address / PO Box; Apt / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

MR. MAXIMINIO D MUÑOZ

16 ACCOUNT # (Ethics Commission file)

17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1000.<sup>00</sup>EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1000.<sup>00</sup>CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

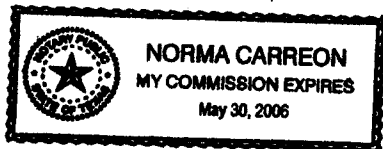
\$

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Max*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Max Daniel Munoz this the 8 day of April, 2005, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of Norma Carreon administering oathTitle of officer administering oath Secretary

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule A:**2** FILER NAME

EDUARDO PARRA

**3** ACCOUNT # (Ethics Commission filers)**4** Date

4/07/05

**5** Full name of contributor☐ out-of-state PAC (ID#)

MICHAEL L. AARONSON

**7** Amount of  
contribution (\$)\$1000<sup>00</sup>**8** In-kind contribution  
description (if applicable)**6** Contributor address; City; State; Zip Code2524 MONTANA AVE.  
EL PASO, TX 79903**9** Principal occupation / Job title (See Instructions)

ATTORNEY.

**10** Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**PLEDGED CONTRIBUTIONS****SCHEDULE B**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule B:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒

\$

**5** Date**6** Full name of pledgor☐ out-of-state PAC (ID# \_\_\_\_\_)**8** Amount of  
pledge (\$)**9** In-kind description  
(if applicable)**7** Pledgor address;      City;    State;    Zip Code**10** Principal occupation / Job title (See Instructions)**11** Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID# \_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address;      City;    State;    Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID# \_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address;      City;    State;    Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID# \_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address;      City;    State;    Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID# \_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address;      City;    State;    Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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